Image# 29932136922 02/04/2009 00:30

REPORT OF					OF PRESIDEN	1 / 45 T OR VICE-PRESIDENT
1. NAME OF COMMITT						
MIKE GRAVEL FO	R PRESIDEN	Т 2008				
ADDRESS (number and	d street)	Check if differer	nt than previou	usly reported		
1600 N OAK ST #1412				2. IDENTIFICAT C0042320		
CITY, STATE, and ZIP	CODE				3. IS THIS REP	
ARLINGTON VA 22209				Primary	General General	
4. TYPE OF RI	EPORT (C	heck here if thi	s is a Termina	ation Report.)		
				Monthly Report Due	On:	
April 15 Quarterly Re				February 20	June 2	_
July 15 Quarterly Re	port			March 20 April 20	☐ July 20	<u>=</u>
October 15 Quarterly	/ Report			May 20	Septer	mber 20 X January 31
January 31 Year End	l Report		Г	Twelfth day report p	recedina	
Under the control of	тюрог			Twentifully report p		(Type of Election)
				election on		in the State of
				Thirtieth day report f	following the Gener	ral Election on
				on		_
IS THIS REPORT AN A	MENDMENT	X YES	□ NO			
5. COVERING PERIOD				FROM 12/01/2008		THROUGH 12/31/2008
SUMMARY	6. CASH ON H. REPORTING	AND AT BEGINNIN G PERIOD	IG OF THE			4581.27
		EIPTS THIS PERIC 2, Column A, Page				100000.00
	8. SUBTOTAL (Lines 6 and	7)				104581.27
		BURSEMENTS THI 50, Column A, Page				44615.73
	10. CASH ON I (Subtract Lir	HAND AT CLOSE (ne 9 from 8)	OF REPORTI	ING PERIOD		59965.54
		O OBLIGATIONS C on Schedule C-P or				250.00
		D OBLIGATIONS Con Schedule C-P or				143572.00
	13. EXPENDIT	URES SUBJECT T	O LIMITATIC	DN		556714.24
NET ELECTION CYCLE- TO-DATE		RIBUTIONS (Other ne 28d, Column B fr				510430.36
EXPENDITURES	(Subtract Lir	ATING EXPENDIT ne 20a, Colummn B	from 23, Colu			556714.24
I certify that I have exa	•	rt and to the best	of my knowl	edge and belief it is t	rue, correct, and	complete.
Type or Print Name of Tr						Date 02/04/2009
Signature of Treasurer						
NOTE: Submission of fa All previous versions of F		•			this Report to the p	penalties of 2 U.S.C. §437g.
For further information		Federal Election Co				EEC EODM 2D
1 of faction information	Jonati.	999 E Street, N.W.		Toll Free 800-424		FEC FORM 3P (01/2001)

Local 202-694-1100

Washington, DC 20463

(PAGE 2, FEC FORM 3P) Name of committee (in full)	Report Covering the Period					
MIKE GRAVEL FOR PRESIDENT 2008		From: 12/01/2008	To: 12/31/2008			
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
16. FEDERAL FUNDS (Itemize on Schedule A-P)		100000.00	100000.00			
17. CONTRIBUTIONS (other than loans) FROM:						
(a) Individuals/Persons Other Than Political Committees		0.00	509928.76			
(b) Political Party Committees		0.00	0.00			
(c) Other Political Committees		0.00	501.60			
(d) The Candidate		0.00	0.00			
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17	(c), 17(d))	0.00	510430.36			
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00			
19. LOANS RECEIVED:						
(a) Loans Received From or Guaranteed by Candidate		0.00	73515.73			
(b) Other Loans		0.00	0.00			
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	73515.73			
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :						
(a) Operating		0.00	0.00			
(b) Fundraising		0.00	0.00			
(c) Legal and Accounting		0.00	0.00			
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a),	20(b) and 20(c))	0.00	0.00			
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	6249.42			
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		100000.00	690195.51			
II. DISBURSEMENTS						
23. OPERATING EXPENDITURES		0.00	556714.24			
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00			
25. FUNDRAISING DISBURSEMENTS		0.00	0.00			
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00			
27. LOAN REPAYMENTS MADE :						
(a) Repayment of Loans made or Guaranteed by Candidate		44615.73	73515.73			
(b) Other Repayments		0.00	0.00			
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		44615.73	73515.73			
28. REFUNDS OF CONTRIBUTIONS TO :						
(a) Individuals/Persons Other Than Political Committees		0.00	0.00			
(b) Political Party Committees		0.00	0.00			
(c) Other Political Committees (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00			
29. OTHER DISBURSEMENTS		0.00	0.00			
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		44615.73	620220.07			
	hiects etc \	44015.73	630229.97			
III. CONTRIBUTED ITEMS (Stock, Art C	objects, etc.)					
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00				

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds) (PAGE 3, FEC FORM 3P)	3 / 45
4 NAME OF COMMITTEE (In fall)	

1. NAME OF COMMITTEE (in full)

MIKE GRAVEL FOR PRESIDENT 2008

ADDRESS (number and street)

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON VA

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

22209

STATE ALLOCATION TOTALL TO			STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	
Alabama	0.00	0.00	Nebraska	0.00	0.00	
Alaska	0.00	0.00	Nevada	0.00	0.00	
Arizona	0.00	0.00	New Hampshire	0.00	10454.40	
Arkansas	0.00	0.00	New Jersey	0.00	0.00	
California	0.00	0.00	New Mexico	0.00	0.00	
Colorado	0.00	0.00	New York	0.00	0.00	
Connecticut	0.00	0.00	North Carolina	0.00	0.00	
Delaware	0.00	0.00	North Dakota	0.00	0.00	
District of Columbia	0.00	0.00	Ohio	0.00	0.00	
Florida	0.00	0.00	Oklahoma	0.00	0.00	
Georgia	0.00	0.00	Oregon 0.00		0.00	
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00	
Idaho	0.00	0.00	Rhode Island	0.00	0.00	
Illinois	0.00	0.00	South Carolina	0.00	0.00	
Indiana	0.00	0.00	South Dakota	0.00	0.00	
lowa	0.00	0.00	Tennessee	0.00	0.00	
Kansas	0.00	0.00	Texas 0.00		0.00	
Kentucky	0.00	0.00	Utah	0.00	0.00	
Louisiana	0.00	0.00	Vermont	0.00	0.00	
Maine	0.00	0.00	Virginia	0.00	0.00	
Maryland	0.00	0.00	Washington	0.00	0.00	
Massachussetts	0.00	0.00	West Virginia	0.00	0.00	
Michigan	0.00	0.00	Wisconsin	0.00	0.00	
Minnesota	0.00	0.00	Wyoming	0.00	0.00	
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00	
Missouri	0.00	0.00	Guam	0.00	0.00	
Montana	0.00	0.00	Virgin Islands	0.00	0.00	
			TOTALS	0.00	10454.40	

Schedule A-P

PAGE 4/45 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 17a Х 16 17c 17b **Detailed Summary Page** 19b 20a 20b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Α. Department of Treasury Date of Receipt Mailing Address 12 18 2008 3700 East West Highway State Zip Code City **Hyattsville** MD 20762 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. Name of Employer Occupation Matching fund January 09 2008 Receipt For: 2008 Election Cycle-to-Date X Primary General 100000.00 Other (specify) **Transaction ID:** SA16.20384

SUBTOTAL of Receipts This Page (optional)		100000.00
TOTAL This Period (last page this line number only)	<u> </u>	100000.00

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C.

Schedule B-P		FOR LINE	NUMBER: PAGE 5/45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EMIZED DIODOTTOEMENTO	Detailed Summary Page	23 27b	24 25 26 X 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008			
ARLINGTON Purpose of Disbursement LOAN REPAYMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	State Zip Code VA 22209 ement For: Primary General Other (specify)	101 Category/ Type	Transaction ID: SB27A.20386 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1			Transaction ID: SB27A.20389 Date of Disbursement M
•	State Zip Code VA 22209		Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	ement For: Primary General Other (specify)	101 Category/ Type	3000.00
State: District:	•		
Full Name (Last, First, Middle Initial) MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1	412		Transaction ID: SB27A.20390 Date of Disbursement M M M / D 3 1 Y Y Y O 8 Y Y Y O 0 8
City ARLINGTON	State Zip Code VA 22209		Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	ement For: Primary General Other (specify)	101 Category/ Type	15000.00
SUBTOTAL of Disbursements This Page (optional)			24100.00
COLI STALE OF BIOBATCOMONIO TINO Fago (optional)			

TOTAL This Period (last page this line number only)

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C.

.90// 20002100021			
Schedule B-P	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 23 27b	24 25 26 X 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008			
Full Name (Last, First, Middle Initial) MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1	412		Transaction ID: SB27A.20391 Date of Disbursement M M
City ARLINGTON	State Zip Code VA 22209		Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: House Disburse Senate X President	ment For: Primary General Other (specify) ▼	101 Category/ Type	, , , , , , , , , , , , , , , , , , , ,
State: District: Full Name (Last, First, Middle Initial) MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1-	412		Transaction ID: SB27A.20392 Date of Disbursement M M M / D J D / Y Y Y O Y B Y 1 2 0 0 8 Y
AŔLINGTON	State Zip Code VA 22209		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement LOAN REPAYMENTS Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: House Disburse	ment For:	101 Category/ Type	, , , , , , , , , , , , , , , , , , , ,
Senate X President State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MIKE GRAVEL			Transaction ID: SB27A.20393 Date of Disbursement
Mailing Address 1600 NO OAK ST APT 1	412		12 M / 31 / Y 2008
ARLINGTON	State Zip Code VA 22209		Amount of Each Disbursement this Period 6000.00
Purpose of Disbursement LOAN REPAYMENTS Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		101 Category/ Type	0000.00
Office Sought: House Disburse Senate X President State: District:	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) .			11100.00

TOTAL This Period (last page this line number only)

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Schedule B-P			F		IE NUMBER: PAGE 7/45							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			check o			١١.			1 /	-CUL	7 / 43
II EMIZED DISBURSEMENTS				23 27b		24 28a		25 28b		26 28c	Х	27a 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
MIKE GRAVEL FOR PRESIDENT 2008												
Full Name (Last, First, Middle Initial) MIKE GRAVEL						Trans		on ID			A.20	394
Mailing Address 1600 NO OAK ST APT 1	412						М		3 1	/	ž	0 0 8
City ARLINGTON	State Zip Code VA 22209					Amou	nt o	f Each	Dis	burse	emen	t this Period
Purpose of Disbursement LOAN REPAYMENTS		Г	10	11		<u> </u>					50	00.00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			_	gory/								
Office Sought: House Disburse Senate X President State: District:	ement For: Primary General Other (specify)		-,	<u> </u>								
Full Name (Last, First, Middle Initial) MIKE GRAVEL						Trans		on ID	_		A.20	395
Mailing Address 1600 NO OAK ST APT 1	412					^M 2	М	[/] 3	3 1	/	ž	0 0 8
City ARLINGTON	State Zip Code VA 22209					Amou	nt o	f Each	Dis	burse	emen	t this Period
Purpose of Disbursement LOAN REPAYMENTS			10	01							8	306.74
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			ate Ty	gory/ pe								
Senate X President	ement For: Primary General Other (specify)											
State: District: Full Name (Last, First, Middle Initial)					+		_					
MIKE GRAVEL							of Di	isburs	eme			
Mailing Address 1600 NO OAK ST APT 1	412					^M 2	М	′	3 1	Ľ	Ź	0 0 8
City ARLINGTON	State Zip Code VA 22209					Amou	nt o	f Each	Dis	burse	emen	t this Period
Purpose of Disbursement LOAN REPAYMENTS			10	01		L.					1	81.87
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			ate Ty	gory/ pe								
Senate X President	ement For: Primary General Other (specify)			_								
State: District:												
SUBTOTAL of Disbursements This Page (optional)				•							59	88.61

TOTAL This Period (last page this line number only)

chedule B-P	Use separate schedule(s)	FOR LINE (check only	NUMBER: y one)	PAGE 8/45
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	23 27b		25 26 X 27a 28b 28c 29
ny Information copied from such Reports and for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 20	08			
Full Name (Last, First, Middle Initial) MIKE GRAVEL			Transaction Date of Dis	on ID: SB27A.20397
Mailing Address 1600 NO OAK ST A	NPT 1412		12 M	^D 3 1
City ARLINGTON	State Zip Code VA 22209		Amount of	Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENTS		101		95.70
Candidate Name MIKE GRAVEL FOR PRESIDENT 20	08	Category/ Type		
Office Sought: House Discrete Senate X President	sbursement For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)			Transactio	on ID: SB27A.20398
MIKE GRAVEL			Date of Dis	
Mailing Address 1600 NO OAK ST A	NPT 1412		12	^D 3 ^D 1
City ARLINGTON	State Zip Code VA 22209		Amount of	Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENTS		101		1500.00
Candidate Name MIKE GRAVEL FOR PRESIDENT 20	08	Category/ Type		
Office Sought: House Senate X President	sbursement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) MIKE GRAVEL			Date of Dis	
Mailing Address 1600 NO OAK ST A	NPT 1412		12	31 7 2008
City ARLINGTON	State Zip Code VA 22209		Amount of	Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENTS		101		43.59
Candidate Name MIKE GRAVEL FOR PRESIDENT 20	08	Category/ Type		
Senate	sbursement For: Primary General Other (specify)			
χ President	- Chich (COCCHY)			

В.

Schedule B-P

FOR LINE NUMBER: PAGE 9/45 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a **Detailed Summary Page** 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Transaction ID: SB27A.20400 MIKE GRAVEL Date of Disbursement 3 1 2008 Mailing Address 1600 NO OAK ST APT 1412 City State Zip Code Amount of Each Disbursement this Period ARLINGTON VA 22209 1000.00 Purpose of Disbursement LOAN REPAYMENTS 101 Candidate Name Category/ MIKE GRAVEL FOR PRESIDENT 2008 Type Office Sought: Disbursement For: House General Senate Primary Other (specify) χ President District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB27A.20402 MIKE GRAVEL Date of Disbursement 3 1 2008 Mailing Address 1600 NO OAK ST APT 1412 City State Zip Code Amount of Each Disbursement this Period ARLINGTON 22209 VA 787.83 Purpose of Disbursement LOAN REPAYMENT 101 Candidate Name Category/ MIKE GRAVEL FOR PRESIDENT 2008 Туре

General

SUBTOTAL of Disbursements This Page (optional)	•	1787.83
TOTAL This Period (last page this line number only)	<u> </u>	44615.73

Disbursement For:

Primary

Other (specify)

FE1AN060.PDF

Office Sought:

State:

House Senate

x President

District:

Schedule C-P PAGE 10 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4621 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 30000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 11 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4629 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 3000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 12/45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4622 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 15000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 9 2006 12/31/2006 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 13 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4623 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 100.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 9 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 14 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4726 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 15 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4743 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 6000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred о 3 0 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 16 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4744 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 1 8 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 17/45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5215 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 806.74 806.74 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 18 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5217 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 181.87 181.87 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 19 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5220 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 95.70 0.00 95.70 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 20 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5216 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 1500.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 21 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5219 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 43.59 43.59 **TERMS** Date Due Interest Rate Secured: Date Incurred D 0 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 22 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5221 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 1000.00 1000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 28 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 23 / 45 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5218 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 787.83 0.00 787.83 **TERMS** Date Due Interest Rate Secured: Date Incurred 03 8 0 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional) 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

PAGE 24 / 45 Schedule D-P (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) X 11 **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DONATIONS NOT TRANSFERRED **AUTHORIZENET CORP** Mailing Address 915 SOUTH 500 EAST SUITE 200 ZIP Code City AMERICAN FORK UT 84003 Outstanding Balance Beginning This Period Transaction ID: SD11.19805 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 0.00 250.00 1) SUBTOTALS This Period This Page (optional)..... 250.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

250.00

PAGE 25 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CHRISTINE D'AMICO CONSULTING FIELD REP CT Mailing Address 2612 NORTH AVE D-9 ZIP Code City State **BRIDGEPORT** 06604 CT Outstanding Balance Beginning This Period Transaction ID: SD12.20453 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES APRIL 2008 Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20016 6914.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 6914.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **CONSULTING LEGAL MAY 2008** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20247 313.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 313.00 8727.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 26 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES AUGUST 2008** Mailing Address 1825 EYE STREET NW State ZIP Code City WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20372 936.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 936.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES SEPTEMBER 2008 Mailing Address 1825 EYE STREET NW ZIP Code State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20380 156.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 156.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES DECEMBER 2008** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20409 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 260.00 0.00 260.00 1352.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 27 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW State ZIP Code City Washington DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20419 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20418 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - FUNDRAISING** Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20014 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 7000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 28 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CAMPAIGN COORDINATION SUSAN GRIFFIN Mailing Address 5520 COVINGTON CT #106 City State ZIP Code **DEARBORN** MI 48126 Outstanding Balance Beginning This Period Transaction ID: SD12.20436 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION MINDI IDEN Mailing Address 149 S. Barrington Ave. #326 ZIP Code State LOS ANGELES 90049 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19797 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD REP NV **BECKY ISAIS** Mailing Address 5512 VISTA RIDGE WAY ZIP Code City State **KEARNS** 84118 UT Outstanding Balance Beginning This Period Transaction ID: SD12.20450 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 4575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 29 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20411 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW 7IP Code City State WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20412 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.19794 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 30 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20015 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING CONSULTING Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18205 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING CONSULTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18206 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 31 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ACCOUNTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.19795 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ACCOUNTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20427 2500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL CONSULTING ACCOUNTING Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20428 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 32 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20011 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING SERVICES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20245 1000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20332 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 2500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 33 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING FEES Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20371 500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES - ACCOUNT-ING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20375 850.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 850.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING SERVICES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20377 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 1850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 34 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING CONSULTING FEES KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20379 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING FEES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20382 500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL CONSULTING ACCOUNTING Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20429 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 1000.00 2000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 35 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **NEIL KIERNAN STEPHENSON** MI FIELD REPRESENTATIVE Mailing Address 52177 LEXINTON LN State ZIP Code City CHESTERFIELD MI 48051 Outstanding Balance Beginning This Period Transaction ID: SD12.20438 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING OFFICE MANAGEM-ENT AFIFA KLOUJ Mailing Address 1001 3RD STREET SW #804 ZIP Code State City WASHINGTON DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20440 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DEPUTY CAMPAIGN MANGER JON KRAUS Mailing Address 4702 BELMONT DR ZIP Code City State **EMMAUS** PΑ 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20416 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 4575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 36 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR City State ZIP Code **EMMAUS** PA 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20417 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DEPÚTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR 7IP Code City State **EMMAUS** 18049 PA Outstanding Balance Beginning This Period Transaction ID: SD12.19791 2000.00 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL PUBLI-CITY DIRECTOR JOE LAURIA Mailing Address 205 PINEHURST AVE #6J ZIP Code City State **NEW YORK** NY 10033 Outstanding Balance Beginning This Period Transaction ID: SD12.20430 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 6050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 37 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CALIFORNIA COORDINATOR mosier lynne Mailing Address 76 patrick way ZIP Code City half moon bay CA 94019 Outstanding Balance Beginning This Period Transaction ID: SD12.19793 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING INFORMATION TECHNOLOGY SKYLER MCKINLEY Mailing Address 1815 S. QUEEN WAY 7IP Code City State **LAKEWOOD** 80232 CO Outstanding Balance Beginning This Period Transaction ID: SD12.20457 5000.00 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 5000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CASEY MCLLVAINE ALTERNATIVE DEBATE TECHNO-LOGY Mailing Address 225 LYCEUM AVE ZIP Code City State **PHILLADELPHIA** PΑ 19128 Outstanding Balance Beginning This Period Transaction ID: SD12.20455 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 10500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 38 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DAVID NELSON VAN-DETTE CONSULTING FIELD REP FL Mailing Address 1013 RIDGE ROAD City State ZIP Code **LARGO** FL 33770 Outstanding Balance Beginning This Period Transaction ID: SD12.20444 525.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DAVID NELSON VAN-DETTE FIELD REP FL Mailing Address 1013 RIDGE ROAD ZIP Code City State **LARGO** 33770 FL Outstanding Balance Beginning This Period Transaction ID: SD12.20446 1050.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): NETWORK GUILD LLC CONSULTING WEBSITE DEVELO-PMENT Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18207 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 11575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 39 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING WEBSITE MANAGE-MENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20421 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING WEBISTE MANAGE-MENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN 7IP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20422 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING WEBSITE MANAGE-MENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20423 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 40 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING WEBISTE MANAGE-MENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20424 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20012 7498.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 7498.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CHRIS PETHRICK **CONSULTING - CAMPAIGN MAGT** Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20246 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 17496.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 41 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD State ZIP Code City **BRANDYWINE** MD 20613 Outstanding Balance Beginning This Period Transaction ID: SD12.20425 7498.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 7498.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20426 3749.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3749.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PHOTOGRAPH GEORGE REBH** Mailing Address 4899 35TH RD NORTH ZIP Code City State ARLINGTON 22207 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20448 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 13247.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 42 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): George Ripley FIELD REP DC Mailing Address 1425 Monroe S. NW State ZIP Code City 20010 Washington DC Outstanding Balance Beginning This Period Transaction ID: SD12.20447 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE 7IP Code City State **AUSTIN** 78727 TX Outstanding Balance Beginning This Period Transaction ID: SD12.18204 2500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE ZIP Code City State **AUSTIN** 78727 ΤX Outstanding Balance Beginning This Period Transaction ID: SD12.19798 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1500.00 4525.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 43 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ENVIRONMENT STACEY STANDLEY Mailing Address 5114 TURNBURRY LN State ZIP Code City SPANISH TRAIL NV 89113 Outstanding Balance Beginning This Period Transaction ID: SD12.20452 2500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION **DAN SWARTZ** Mailing Address 95 HORATIO ST **APT 406** ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20432 1050.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION RICH SWARTZ Mailing Address 95 HORATIO ST APT 406 ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20434 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 4600.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 44 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18200 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DATABASE MANAGEMENT CONSULTING **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State 63132 ST LOUISE MO Outstanding Balance Beginning This Period Transaction ID: SD12.18201 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELENOMICS GROUP** DATABASE MANAGEMENT CONSULTING Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18202 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 45 / 45 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.19796 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATÁBASE MANAG-EMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.20420 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 4000.00 1) SUBTOTALS This Period This Page (optional)..... 143572.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 143572.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)